



# Surveillance of Hearing Loss in Infants and Young Children Georgia's Early Hearing Detection and Intervention (EHDI) Program

**Instructions:** Cases of hearing loss in newborns and children through age 5 must be reported to DPH within 7 days of diagnosis (OCGA 31-12-2). The preferred method of reporting is through SendSS. Use this form only during SendSS system downtime. Submit by fax to (404) 657-2773 or email DPH-NBS@dph.ga.gov.

CHILD INFORMATION				
<b>Child's Name</b> (Last)	<b>Child's Name</b> (First)	<b>Date of Birth</b> (MM/DD/YYYY):	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Address</b>		<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>Caregiver/Guardian Name</b>	<b>Relationship</b>	<b>Caregiver/Guardian Phone Number</b>		
<b>Primary Care Physician and Practice Name</b>		<b>Physician Phone Number</b>		
HEARING EVALUATION RESULTS				
<b>Date of Evaluation:</b>	<b>Diagnosis of Permanent Hearing Loss?</b> <b>Right Ear:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <b>Left Ear:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected	<b>Tympanometry:</b> <input type="checkbox"/> 226 Hz <input type="checkbox"/> 1kHz <b>Right Ear:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <b>Left Ear:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
<b>Otoacoustic Emissions (OAEs):</b> <input type="checkbox"/> TEOAE <input type="checkbox"/> DPOAE  <b>Right Ear:</b> <input type="checkbox"/> Present <input type="checkbox"/> Absent <b>Left Ear:</b> <input type="checkbox"/> Present <input type="checkbox"/> Absent	<b>Diagnostic Evaluation (check all that apply):</b> <input type="checkbox"/> ASSR <input type="checkbox"/> ABR Click <input type="checkbox"/> Tone Burst ABR <input type="checkbox"/> Masked ABR <input type="checkbox"/> Bone Conduction ABR <input type="checkbox"/> VRA <input type="checkbox"/> Behavioral audiometry <input type="checkbox"/> Pure Tone Audiometry <input type="checkbox"/> Other:			
<b>Degree of Hearing Loss</b> (Degree of hearing loss is based on a four-frequency pure tone average, if available):				
<b>Right Ear:</b> <input type="checkbox"/> None <input type="checkbox"/> Minimal (15-25) <input type="checkbox"/> Mild (26-40) <input type="checkbox"/> Moderate (41-55) <input type="checkbox"/> Moderately-Severe (56-70) <input type="checkbox"/> Severe (71-90) <input type="checkbox"/> Profound (>90) <input type="checkbox"/> Unable to determine		<b>Left Ear:</b> <input type="checkbox"/> None <input type="checkbox"/> Minimal (15-25) <input type="checkbox"/> Mild (26-40) <input type="checkbox"/> Moderate (41-55) <input type="checkbox"/> Moderately-Severe (56-70) <input type="checkbox"/> Severe (71-90) <input type="checkbox"/> Profound (>90) <input type="checkbox"/> Unable to determine		
<b>Type of Hearing Loss:</b>				
<b>Right Ear:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Conductive <input type="checkbox"/> Transient Conductive <input type="checkbox"/> Permanent Conductive <input type="checkbox"/> Mixed <input type="checkbox"/> Sensorineural <input type="checkbox"/> Auditory Neuropathy/Neural		<b>Left Ear:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Conductive <input type="checkbox"/> Transient Conductive <input type="checkbox"/> Permanent Conductive <input type="checkbox"/> Mixed <input type="checkbox"/> Sensorineural <input type="checkbox"/> Auditory Neuropathy/Neural		
<b>Recommended Follow-Up (check all that apply):</b> <input type="checkbox"/> Refer to ENT, name if known: <input type="checkbox"/> Repeat audiological testing, Date: <input type="checkbox"/> Hearing aid evaluation, Date: <input type="checkbox"/> Refer to Part C Program (Babies Can't Wait) <input type="checkbox"/> Refer to GA PINES		<input type="checkbox"/> Refer to family-to-family support <input type="checkbox"/> Refer for speech-language evaluation <input type="checkbox"/> Refer for genetic testing <input type="checkbox"/> Refer for vision testing <input type="checkbox"/> Other:		
<b>Comments:</b>				
<b>Audiologist Name (Printed):</b>		<b>Phone:</b>	<b>Clinic Name:</b>	

*Reportable Hearing Loss: Reportable hearing loss as measured and described by an audiologist or physician as a permanent (or suspected to be permanent) hearing loss, averaging 15 dB HL or greater in either or both ears, in the frequency region 500 Hz – 4000 Hz. Cases of hearing loss in newborns and children through 5 years, must be reported to Public Health within 7 days of diagnosis. (OCGA 31-12-2)*

Georgia Department of Public Health - EHDI Program  
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